

State of Connecticut
Department of Public Safety
Division of State Police
DPS-90-C (Rev. 04/03) ADDITIONAL PAGES

| NAME   SUSPENDING NOT DESTRIP AND STATE OF STATE ONLY   SUPERISON OF INCIDENT ISTREET NAME AND CITY/TOWN ONLY):  | TROOP / UNIT: Troop-E  | OTE   | IER INVOLVE                               | ED AGENCY:                        | □ NO □ YES           |            |            |          |  |
|--|--|---|---|-----------------------------------|----------------------|------------|------------|----------|--|
| COLATION OF INCIDENT ISTREET NAME AND CITY/TOWN ONLY):   Groton/New Loadon airport, Groton C.T   SUMMARY OF INCIDENT OR AFFIDAYTI   ARREST MADE   UNDER INVESTIGATION     Accused in terminal of airport acting suspicious. Employees questioned subject, who became uncooperative, he     Then stepped away from the counter and stated "that if anyone came near him he would blow them up", Police were contacted and upon arrival the accused remained uncooperative and then engaged police in an altercation     Before he was taken into custody.   | -  | STIGATING TROOPER / OFFICER: DPS CASE NUMBER: |   |                                   |                      |            |            |          |  |
| Groton/New London airport, Groton.CT  SUMMARY OF INCIPENT OR AFREAVIT:   ARREST MADE   UNDER INVESTIGATION    Accused in terminal of airport acting suspicious. Employees questioned subject, who became uncooperative, he Then stepped away from the counter and stated "that if anyone came near him he would blow them up", Police were contacted and upon arrival the accused remained uncooperative and then engaged police in an altercation    Before he was taken into custody.  VICTIMI, go NOT IDENTIFY ANY JUVENILE BY MANE OR ADDRESS: IT SUVENILE, WRITE "JUVENILE" IN THE MANE TELL A "AGE" IN DOR FIELD)  NAME, BUSINESS / AGENCY:   M   F   ADDRESS: (TOHN/CITYASTATE ONL!)   JUVENILE:   NUREED:   NAME   AGE:   NO NAME   BUSINESS / AGENCY:   M   F   ADDRESS: (TOHN/CITYASTATE ONL!)   JUVENILE:   NUREED:   NAME   |  | 23/05 1212 TFC O'Donnell #1136 DPS05-046594   |   |                                   |                      |            |            |          |  |
| SUMMARY OF INCIDENT OR AFFIDAVIT!   ARREST MADE   UNDER INVESTIGATION Accused in terminal of airport acting suspicious. Employees questioned subject, who became uncooperative, he Then stepped away from the counter and stated "that if anyone came near him he would blow them up". Police were contacted and upon arrival the accused remained uncooperative and then engaged police in an altercation Before he was taken into custody.  VICTIMIGO NOT IDENTIFY ANY JUVENULE BY NAME OR ADDRESS: IT FUVENULE, WRITE "JUVENULE" IN THE NAME FIELD A "AGE" IN DOR FIELD A "AGE IN DOR FIELD A "A |  |   |   |                                   |                      |            |            |          |  |
| Accused in terminal of airport acting suspicious. Employees questioned subject, who became uncooperative, he Then stepped away from the counter and stated "that if anyone came near him he would blow the my". Police were contacted and upon arrival the accused remained uncooperative and then engaged police in an altercation Before he was taken into custody.  VICTIM, GON DEDITIFE NAY JUVENILE BY NAME OR ADDRESS: IF JUVENILE WRITE "JUVENILE" IN THE NAME FIELD A "AGE" IN DOR FIELD NAME? BUSINESS! AGENCY:  Groton /NL airport  NAME / BUSINESS / AGENCY:  M   F   ADDRESS: (TOWN/CITYASTATE ONLT)   JUVENILE:   NULKED:   YES   YES   YES   AGE:   NO NAME / BUSINESS / AGENCY:  MAME / BUSINESS / AGENCY:  M   F   ADDRESS: (TOWN/CITYASTATE ONLT)   JUVENILE:   NULKED:   YES   | Groton/New London airport, Groton .CT  |   |   |                                   |                      |            |            |          |  |
| Then stepped away from the counter and stated "that if anyone came near him he would blow them up". Police were contacted and upon arrival the accused remained uncooperative and then engaged police in an altercation Before he was taken into custody.  |  |   |   |                                   |                      |            |            |          |  |
| Were contacted and upon arrival the accused remained uncooperative and then engaged police in an altercation Before he was taken into custody.    Before he was taken into custody.   WicTIM_(DO NOT IDENTIFY ANY UVENILE BY NAME OR ADDRESS: IF JUVENILE, BY NET VENILE)   WEST    | Then stended away from the counter and stated "that if anyone came near him he would blow them up." Police   |   |   |                                   |                      |            |            |          |  |
| Before he was taken into custody.   VICTIMI, (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE BY INTHE MAME FIELD & "AGE" IN DOR FIELD)   CITY   COUNTY   COUNTY   COUNTY   CASH   COUNTY   CASH   C   | were contacted and upon arrival the accused remained unconnerative and then engaged police in an altercation   |   |   |                                   |                      |            |            |          |  |
| NAME   BUSINESS   AGENCY:   M   F   ADDRESS: (TOWN/CITY4-STATE ONLY)   JUVENILE:   MURED:   YES   AGE:   NO   NAME   BUSINESS   AGENCY:   M   F   ADDRESS: (TOWN/CITY4-STATE ONLY)   JUVENILE:   YES   NO   NAME   BUSINESS   AGENCY:   M   F   ADDRESS: (TOWN/CITY4-STATE ONLY)   JUVENILE:   INJURED:   YES   NO   AGE:   NO   NAME   BUSINESS   AGENCY:   M   F   ADDRESS: (TOWN/CITY4-STATE ONLY)   JUVENILE:   INJURED:   YES   NO   AGE:   NO   NAME   M   F   DOB:   ADDRESS:   F JUVENILE WRITE JUVENILE IN THE NAME FIELD & *AGE* IN DOB FIELD   NAME:   NO   F   DOB:   ADDRESS:   |  |   |   |                                   |                      |            |            |          |  |
| VES   NO.   NAME / BUSINESS / AGENCY:   M   F   ADDRESS: (TOWNCITY&STATE ONLY)   JUVENILE:   NO.   NAME / BUSINESS / AGENCY:   M   F   ADDRESS: (TOWNCITY&STATE ONLY)   JUVENILE:   VES   NO.   NAME / BUSINESS / AGENCY:   M   F   ADDRESS: (TOWNCITY&STATE ONLY)   JUVENILE:   VES   NO.   NAME / BUSINESS / AGENCY:   M   F   ADDRESS: (TOWNCITY&STATE ONLY)   JUVENILE:   NU.   VES   NO.   NAME:   VES   NO.   NAME:   VES   NO.   NAME:   M   F   DOB:   ADDRESS:   TUVENILE WRITE * JUVENILE * IN THE NAME FIELD & *AGE** IN TOWN:   NAME:   SURETY   NO.   NAME:   N   | VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)   |   |   |                                   |                      |            |            |          |  |
| NAME   BUSINESS   AGENCY:  |  |   |   |                                   | Y&STATE ONLY)        |            |            |          |  |
| NAME   BUSINESS   AGENCY:  | Groton /NL airport   | /NL airport                                   |   |                                   |                      | 0.5 - 0.00 |            | NO NO    |  |
| NAME     DOB:   ADDRESS:   TOWN:   MORESS:   TOWN:   MORESS:   M   | NAME / BUSINESS / AGENCY: M F ADDRESS: (TOWN/CIT   |   |   | Y&STATE ONLY)                     |                      |            |            | INJURED: |  |
| NAME   BUSINESS   AGENCY   |  |   |   |                                   |                      |            |            |          |  |
| ARRESTED. JO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS: IF JUVENILE, WRITE "JUVENILE" IN THE NAME PILLO & "AGE: NO DO FIELD, NAME:    M   F   DOB:   ADDRESS:   ADDRESS:   ADDRESS:   ADDRESS:   ADDRESS:   NO AMBULLA & "AGE: N DO FIELD, NO NAME:   | NAME OF THE OWNERS OF THE OWNE |   |   | THE CT ATE ON W                   |                      |            |            |          |  |
| ARRESTEDJO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS: IF JUVENILE WRITE "JUVENILE" IN THE NAME FIELD & "AGE" NO DOB FIELD)  NAME:    M  | NAME / BUSINESS / AGENCY: M L F ADDRESS: (10WN/CII   |   |   | TESTATE ONLY)                     |                      |            |            | ☐ YES    |  |
| RAME:  |  |   |   |                                   |                      |            |            |          |  |
| Robert Arthur JR  6/28/42  8 Caribou Dr.Norwich.CT  CHARGES:   COURT:   GA: 10   GASH   SURETY   WFTA   MBULANCE:   YES   NO   NON-SURETY   WFTA   GASH   SURETY   WFTA   GASH   SURETY   WFTA   GASH   GASH  |  |   |   |                                   |                      |            |            |          |  |
| CHARGES: 1, Tribostions   Section   Court: 1, Tribostions   Court: 2, assist on peace officer 3. Oreach of peace 4.  NAME:    M  |  | C 07 / C 2                                    |   |                                   |                      |            |            |          |  |
| 1.   |  | COURT-  | 0/20/42                                   |                                   | DI AVOI WICH, CI     |            | INITIRE    | D:       |  |
| 2. assit on péace officer 3. breach of peace 4.  | -  |   |   | ☑ CASH                            |                      | ☐ YES ☐ NO |            |          |  |
| 3. breach of peace 4.  NAME: DATE: 9/26/05 DOB: TRANS TO DEPT OF CORRECTIONS @: HOSPITAL:  NAME: DATE: 9/26/05 DOB: ADDRESS:  CHARGES: COURT: GA: DATE: DOB: CASH SURETY WFTA AMOUNT S: DATE: DA |  | TOWN-N  | I andan                                   | MOUNT S. 1/                       |                      |            |            |          |  |
| DATE: 9/26/05  | -  | 10411114                                      | W London                                  | TO BE PRESENTED AT COURT          |                      |            | HOSPITAL:  |          |  |
| NAME:  | -  | DATE: 9/2                                     | DATE: 9/26/05 TRANS TO DEPT OF CORRECTION |                                   |                      |            | S @:       |          |  |
| CHARGES:  COURT:  GA:  COURT:  GA:  COURT:  GA:  COURT:  GA:  COURT:  CASH  CASH  CASH  CASH  COURT:  TOWN:  TOWN:  DATE:  NAME:  COURT:  GA:  COURT:  CASH  TOWN:  TRANS TO DEPT OF CORRECTIONS @:  CHARGES:  COURT:  GA:  COURT:  CASH  COURT:  CASH  CASH |  | il communication                              |   |                                   |                      |            |            |          |  |
| 1. 2. 3. 4.  NAME:    M  | NAME:  | I 🗆 F   | DOB:                                      | ADDRESS:                          |                      |            |            |          |  |
| 1.   CASH   SURETY   WPTA   MON-SURETY   WPTA  | CHARGES:   | COURT:  |   | BOND:                             |                      | 0000000    |            |          |  |
| AMOUNT \$:    TOWN:  |  | GA:   |   |                                   |                      |            |            |          |  |
| TO BE PRESENTED AT COURT   HOSPITAL:     NAME:   | 2.   |   |   |                                   |                      |            | ☐ YES ☐ NO |          |  |
| NAME:    DATE:   DOB:   ADDRESS:   COURT;   GA:   GASH   SURETY   WPTA   AMBULANCE;   YES   NO AMBULANCE;   YES   NO AMBULANCE;   YES   NO HOSPITAL;   CASH   SURETY   YES   NO AMBULANCE;   YES   NO HOSPITAL;   CASH   SURETY   YES   NO AMBULANCE;   YES   NO HOSPITAL;   CASH   SURETY   YES   NO AMBULANCE;   YES   NO HOSPITAL;   CASH   SURETY   SURETY   YES   NO HOSPITAL;   CASH   SURETY   | 3.   | TOWN:   |   | ☐ TO BE PRESENTED AT COURT        |                      | 1 25.55    |            |          |  |
| NAME:  CHARGES:  COURT;  GA:  CASH  TOWN:  DATE:  CHARGES:  COURT:  GA:  DATE:  DATE:  COURT:  GA:  DATE:  COURT:  CASH  COURT:  C | 4.   | DATE  |   | ☐ TRANS TO DEPT OF CORRECTION     |                      | S @:       |            |          |  |
| CHARGES:  COURT:  GA:  CASH  NAME:  CHARGES:  COURT:  DATE:  COURT:  DATE:  COURT:  DATE:  COURT:  CASH  NON-SURETY  NON-SURET | NAME:  |   | DOB:                                      | ADDRESS:                          |                      |            | 1          |          |  |
| 1. GA: GASH SURETY WPTA AMBULANCE:  1. TOWN: TO BE PRESENTED AT COURT TRANS TO DEPT OF CORRECTIONS (2):    NAME: DATE:   DOB:   ADDRESS:   COURT: GASH SURETY WPTA   HOSPITAL:   SUPERVISOR'S APPROVAL REQUIRED: INTIALS:   TO BE PRESENTED AT COURT   WPTA   AMOUNT S: TO BE PRESENTED AT COURT   WPTA   MOUNT S: TO BE PRESENTED AT  | NAME:  |   | 202.                                      | 7.5                               |                      |            |            |          |  |
| 2. 3. 4.  TOWN:  DATE:  NAME:  CHARGES:  CHARGES:  COURT:  GA:  TOWN:  DATE:  DATE:  DATE:  DATE:  DOB:  ADDRESS:  COURT:  GA:  COURT:  GA:  TOWN:  TOWN:  DATE:  DATE:  DATE:  DATE:  DATE:  BOND:  CASH  NON-SURETY  WPTA  AMBULANCE:  YES   NO HOSPITAL:  INJURED:  YES   NO AMBULANCE:  YES   NO HOSPITAL:  TOWN:  TOWN:  TOWN:  TOWN:  DATE:  SUPERVISOR'S APPROVAL REQUIRED: INITIALS:  THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAWS.  FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR AFRESIS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE.   | CHARGES:   |   |   |                                   |                      |            |            |          |  |
| TOWN:    TO BE PRESENTED AT COURT   HOSPITAL:    TO BE PRESENTED AT COURT   INJURED:   CASH  |  | GA:   |   |                                   |                      |            |            |          |  |
| THIS INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OF FICE.  |  | TOWN:   |   | AMOUNT \$:                        |                      |            |            |          |  |
| NAME:    DATE:   DOB:   ADDRESS:   | -7.5.  | 10  |   |                                   |                      | 18@1       | HOSFII     | ALG      |  |
| CHARGES:  COURT:  GA:  CASH SURETY NON-SURETY WPTA AMOUNT S: TOWN:  TOWN:  DATE:  SUPERVISOR'S APPROVAL REQUIRED: INITIALS:  THIS INFORMATION OF BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE PREEDOM OF INFORMATION LAWS. FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE.   | 4.   | DATE:   |   | _ TRANSTO DELITOR CONCESTIONS (S. |                      |            |            |          |  |
| 1. 2. 3. 4.  SUPERVISOR'S APPROVAL REQUIRED: INITIALS:  This information is being released to the public in compliance with the preedom of information Laws.  FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE.   | NAME: DOB: ADDRESS:  |   |   |                                   |                      |            |            |          |  |
| 1. 2. 3. 4.  SUPERVISOR'S APPROVAL REQUIRED: INITIALS:  This information is being released to the public in compliance with the preedom of information Laws.  FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE.   | CHIRCKS  | COURT   |   | BOND:                             |                      |            | INJURE     | D:       |  |
| 2. 3. 4. TOWN:    DATE:   DATE |  |   |   | ☐ CASH                            |                      |            | ☐ YES      | □ NO     |  |
| 3. 4. TOWN:  DATE:  TO BE PRESENTED AT COURT TRANS TO DEPT OF CORRECTIONS @:  PATE:  SUPERVISOR'S APPROVAL REQUIRED: INITIALS:  THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE PREEDOM OF INFORMATION LAWS.  FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE.   |  |   |   |                                   | TY WPTA              |            |            |          |  |
| 4. DATE: TRANS TO DEPT OF CORRECTIONS @:  SUPERVISOR'S APPROVAL REQUIRED: INITIALS: ID #: DATE:  THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE PREEDOM OF INFORMATION LAWS.  FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE.  |  | TOWN:   |   |                                   | SENTED AT COURT      |            |            |          |  |
| SUPERVISOR'S APPROVAL REQUIRED: INITIALS: ID#: DATE: 9/25/06  THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE PREEDOM OF INFORMATION LAWS.  FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE.   |  |   | ( h.                                      | TRANS TO                          | DEPT OF CORRECTION   | IS @:      | ,          |          |  |
| THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE <u>FREEDOM OF INFORMATION LAWS.</u> FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE.   |  |   | M   |                                   | 171                  |            | 9/2        | 5/05     |  |
| FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE.   | THIS INCODMATION IS BRING DE   | VEASED TO                                     | THE PUBLIC IN CO                          | OMPLIANCE WITH                    | THE PREEDOM OF INFOR | MATION     | LAWS       | 700      |  |
| PHONE: WALLAKA, N.Z. III. KAX * MAILAKS, N. UII TO R. K.   |  |   |   |                                   |                      |            |            |          |  |

Pary